HEALTHCARE SYSTEM

Motion

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [4.00 pm]: I move —

> That this house reaffirms its support for free, accessible universal health care, and that the house also calls on the commonwealth government to reject any proposal to implement a co-payment for GP and pathology test services or the privatisation of Medicare that would result in increased pressure on hospital emergency departments.

The former Minister for Health, the current member for Dawesville, just sauntered past me and whispered in my shell-like, "I hope you're not going to give us a hard time now." In fact he asked me not to. I want to reassure the member for Dawesville that it is not my intention to give the government a hard time. This motion, as the member will read, is highly apolitical in its approach and highly bipartisan in its bracing of the values that we all hold dear in this place. It is a very straightforward motion that asks the house to reaffirm its support for free, accessible universal health care. I know that the member for Dawesville, and indeed the current minister, both support that important principle. I know the member for Dawesville is a proud member of his union, the Australian Medical Association, which is a great supporter of the principle of universal freely accessible health care. Now he has shed the somewhat restrictive chains of his ministerial post, I assume he will support this motion as a loyal member of the industrial wing of the medical fraternity, the AMA, and join us in supporting this motion, because I know it is a motion that the AMA itself would be very supportive of. The former minister has on a number of occasions reaffirmed his support for the principles involved in this particular motion. We all here believe that universal access to free health care is an important element of creating the modern society we have today. It is a principle that the current government has supported and continues to support in its administration of hospitals. We do not have a co-payment system for our hospitals, we do not have a charge and we do not have a cash register at the emergency departments as people come in needing attention. In that sense, this motion is entirely bipartisan in approach.

There is a political element to this motion. In the current political context, there are a range of threats to that principle of universal and free health care. They are threats that are external to this place and are in the form of the policies of the federal government and the impacts those policies will have on our hospitals, not to mention the impact they will have on the people of Western Australia. In saying this is a bipartisan motion designed to be embraced by everyone in this chamber, there is an important element about which we have to be cognisant—that is, the threat to our state health system as a result of decisions made in Canberra. We on this side believe that it should be people's Medicare card, not their credit card, that determines the health care that they receive. We believe that it is an important matter of principle and one that Prime Minister Chifley in the postwar era believed in when he was constructing the pharmaceutical benefits scheme. It is a principle that the Whitlam government of the 1970s thought important to enshrine in Labor policy and deeds when it brought in Medibank. It is an important principle that the Hawke government of the 1980s thought to put in place in order to maintain a system whereby someone could go to their GP and receive the care they needed, not on the basis of their ability to pay, but on the nature of their need. It is because of these policies that Australia has one of the best health systems in the world. Part of my role is to critique and to make sure that the hospital system of Western Australia remains the very best that taxpayers' money can buy, but the fact of the matter remains that by OECD standards Australia has a relatively modest health expenditure but a high standard of health care with extremely good outcomes. It is for that reason that I think it is important that we as a Parliament stand today to ensure that we protect the record of that system and the principles that underpin it.

At the last federal election—I remember it well, because I was watching television at the time—there was an interview with the then Leader of the Opposition, Mr Tony Abbott. It was on the eve of the election and he made a very clear and un-abstract commitment. He said that there would be no cuts to education, no cuts to health and no cuts to SBS or the ABC. That was a very clear commitment from the incoming Prime Minister—as he became. It is unfortunate that we then roll forward to the 2014 federal budget and see a range of measures proposed by the federal government that would significantly undermine our health system, the fairness of that system and those values of universality and free access. It is not surprising that the health sector as one stood up to oppose those measures. They were vehemently opposed by the Australian Medical Association and other health groups because they understood the threat it represented to our health system and our way of life. It is for that reason that we saw this great outcry as a result of those measures. Those measures, of course, were opposed in the Senate, and Labor, combined with the numbers of the Greens and the minor parties in the Senate, blocked it. I know that everyone in this chamber was relieved about that, because we understood what that represented. I met recently with a major primary healthcare provider with clinics that have national coverage. It said that since that announcement alone, it had had a drop of 16 per cent of presentations to its clinics; that was matched by a similar increase to presentations

in local emergency departments. Never mind that it was not implemented, but as a result of the announcement that the government intended to put pricing signals in place, people voted with their feet.

Mr P. Abetz: What sort of clinic was it?

Mr R.H. COOK: Primary health care—so general practitioner clinics. Just to clarify for the member for Southern River, people know that when they go to a GP clinic they take their Medicare card and that the GP is usually in a position to bulk-bill that patient. Often it is not a bulk-billing clinic, but in many cases, particularly in low socioeconomic areas, they bulk-bill. For instance, in my area all GP clinics are bulk-billing. By virtue of that process, those people receive health care. By simply making the policy announcement about the threat of the pricing signals, never mind the pricing signals themselves, there was a significant shift in health consumer behaviour. That is of particular concern for a range of reasons. It is a concern because some people may have delayed their visit to the GP or not gone to the GP at all. That is obviously a concern for everyone in the community. It is also a concern if there was transference of those patients from the GP clinic to the local emergency department.

We know, because we are a state Parliament and we are acutely aware of these things, as indeed is the member for Dawesville and the minister, that that is essentially cost transference from the commonwealth-funded primary healthcare system to the state-funded secondary healthcare system or hospital system. That is a particularly concerning development because it means that we are putting our hospitals under greater pressure and potentially we see a displacement of patients who need emergency care by those who could have seen the GP. It is for that reason that we should all be concerned about policies implemented by a federal government to deter people from seeing their GP. Not only was the minister acutely aware and concerned about these issues I am sure, but the Premier himself was concerned about these announced measures. In May 2014, the Premier warned or proposed that patients may have to pay a fee to attend an emergency department. We had not only talk about a co-payment to see your GP, but also two Liberal governments in full flight that seemed to be proposing a co-payment at emergency departments. *The West Australian* reported at the time —

> **Colin Barnett has warned patients may have to pay a fee for emergency departments if the Federal Government goes ahead as expected and introduces a Medicare co-payment for visits to the doctor.**

The article went on —

> As an opinion poll showed voters fiercely opposed to a co-payment to see a GP, Mr Barnett said the idea had "some merit" to deter patients from unnecessary doctors' appointments.
>
> He confirmed the State Government would consider a fee for emergency wards if GP co-payments resulted in patients flocking to public hospitals for treatment.

As I said, that was indeed the experience of GP clinics at the time. The article quoted the Premier as follows —

> "Emergency departments are for genuine emergencies," he told The West Australian. "They are being used by a significant part of the population as basically a GP service. If there is a co-payment of GPs, we would have to look at that if there is a deflection of patronage if you like into emergency departments."

The Premier got it. He knew what was going on. He understood that the impact of the co-payment was to put pressure on emergency departments. His solution was indeed to put the cash register at the front of EDs and make people pay a co-payment to attend the emergency department that was similar to what was being proposed by the Liberal federal government at the time for people to see their GP. We have an admission by the government that the co-payment is bad for EDs. We know now that there is an acute sensitivity to those price signals among health consumers.

As we saw from the minister on the weekend, the government shares the opposition's concerns that our EDs are struggling to cope. As we roll through the winter flu season, we know that EDs will increasingly struggle. Imagine the impact on 2 July if a Turnbull government is re-elected. It will take a lot more than a feel-good television advertising campaign imploring people to see their GP to keep numbers down. We will see a significant deflection of health consumers from their GPs to EDs. I share the minister's concerns about the overcrowding of our EDs, which I suspect is not simply because of his claims that people are unnecessarily going there—but that is what will happen if a Turnbull government is re-elected and these policies are embraced. Yes, I see the minister smirking; that is the political kicker is it not? The irony for the minister is that the re-election of a Turnbull government will spell trouble.

Mr J.H.D. Day: It will be a hell of a lot better for the country, I know that much.

Mr R.H. COOK: By making the claim that it will be a hell of a lot better for the country, the minister is obviously saying that it will be a hell of a lot worse for our health system, because that is his only silver lining. It is a false silver lining but that is essentially what he is saying by implication, is it not?

Mr J.H.D. Day: Not necessarily.

Mr R.H. COOK: That is essentially what he is saying. He is saying sure —

Ms J.M. Freeman: He is like the fake tradie who says —

Mr R.H. COOK: I have never seen so much bling on a tradie in my life as I saw on that chap.

The minister has just admitted through his interjection that it will be bad for our health system. He said: it will be okay for the country—in an effort to deflect my argument—but I admit, member for Kwinana, you are right; a Turnbull government spells trouble for my health department because the EDs will be under more pressure.

Let us look at what else the Turnbull government has tried to do in its short reign. It has increased the cuts to GPs and other primary care by over $2 billion through the freeze on Medicare rebates. When it could not get the co-payment through, it decided to take a different route. If it could not do it with one major shift of the cost of health care to the patient via a co-payment, it would do it by stealth. By putting a freeze on the Medicare rebate, it knew exactly what it was doing—namely, a freeze would mean that over time fewer GPs would be able to bulk-bill, which means that more patients would pay, which would then allow the Turnbull government to cook its goose or skin its cat a different way. I am not sure whether you can cook a goose in that situation—but it was going to get its two pounds' worth out of the Australian taxpayer one way or another. If it could not do it through legislation back in May 2014, it would do it through a series of creeping cuts to the Medicare rebate payment scheme by freezing the rebates to GPs. The government was going to get its pound of flesh out of the Australian taxpayer by hook or by crook and, as the Minister for Health knows, we would have a similar situation as we would have had if the co-payment had been introduced in one fell swoop.

One billion dollars has been cut from dental services by abolishing Labor's child dental health benefits scheme, which will force millions of people back on to long dental health waitlists. In an act of bipartisanship, may I toss a bit of olive vegetation over towards the former Minister for Health, because he cut dental waitlists significantly in his time in that role. We know that that was from the significant impact of federal funding, which has now been cut. Funding of $650 million has been cut from vital scans and blood tests, which has forced bulk-billing down and co-payments up; $595 million has been cut from crucial health workforce training programs; $146 million has been cut from several programs associated with population health, medical services, e-health and the health workforce; and another $182 million has been cut from health flexible funds. This takes the total of cuts to these crucial health services, which tackle drug and alcohol abuse, chronic disease, communicable diseases and rural health issues, to almost $1 billion. Of course, in the last budget, the Turnbull government extended the Medicare freeze until 2020–21. The opportunity is here now for the minister to join us to once again say to the community that we in this place support universal free health care and oppose policies that have the capacity and the obvious impact of being detrimental to our health system in Western Australia.

A lot has been made of the issue of privatisation of the Medicare system. I think Bill Shorten was right to call out the government for its plans for Medicare. We know that the government put in place a Medicare privatisation task force to look at ways that it could introduce private sector arrangements into the administration of Medicare, and it was caught out. We know that the federal government was looking at the privatisation of the payment system specifically. I do not pretend to be an expert on the payment system, Mr Acting Speaker, but I am an expert on Liberals privatising things, and I know that it never stops at one—it never stops at the first step. This is in our friends' DNA.

Mr J.H.D. Day: What was the previous Labor government contemplating? It was contemplating the same thing, wasn't it?

Mr R.H. COOK: Minister, I have very much more confidence that we on this side of the chamber would implement a program that would preserve the principles —

Dr K.D. Hames interjected.

Ms J.M. Freeman interjected.

The ACTING SPEAKER (Mr I.M. Britza): Members! Member for Mirrabooka, listen to the member for Kwinana.

Mr R.H. COOK: Please, Mr Acting Speaker, the member for Dawesville has been so well behaved. He is bouncing in his seat over there and is so keen to get involved in the debate, but he knows that he is on a hiding to nothing, because if he gets involved in this debate today, it means that he will have to get up and defend the

privatisation of Medicare and the freezing of the GP Medicare rebate. Of course, if he does that, he will have his union mates, or union puppetmasters —

Dr K.D. Hames: Absolutely, I have no intention of doing that.

Mr R.H. COOK: He will have to defend the Liberal government, and he knows that in order to do that, he will have to speak against the interests of the Western Australian health system. The member for Dawesville, as the former Minister for Health, knows exactly what the impact of these measures is; there is a direct cost shift from the commonwealth to the state-funded health system. To the extent to which the Feds might pick up some of that bill, the member for Dawesville knows that the federal government has also cut significant amounts of funding. First of all, it cut billions of dollars when it trashed the Council of Australian Governments health agreement that the member for Dawesville helped to put together, and a question mark hangs over the whole shared funding regime between the federal government and the states about the growth of hospital expenses.

I understand that this is difficult for members on the other side of the chamber, but I ask them to consider the implications of not supporting this motion. Government members will send a signal to their federal Liberal colleagues that it is okay for them to shift the costs to the state government. We know that the health budget is in excess of $8 billion already and is consuming an ever-increasing portion of the overall state budget, but we also know that the measures that the federal Liberal government wishes to put in place will significantly disadvantage our state health system. This morning, the now national president of the Australian Medical Association, Dr Michael Gannon, was on ABC radio valiantly defending the Liberal government's Medicare privatisation program. He wanted to state for the record that he did not think the federal government was privatising Medicare by virtue of the program that it has in place. To a certain extent he is right, because we have seen the Prime Minister scurry away from that policy. The Prime Minister knows one thing that the rest of us also know—that is, that the public hate the Liberal Party's addiction to privatisation. The public hate the way that the Liberal Party wants to trash our great public institutions and undermine their effectiveness and the principles that underpin them. The public hate it when the Liberal Party tries to dismantle our public sector and, in particular, our public sector health system. The public does not care whether it is one component of Medicare or another that the federal government was going to privatise; it does not like privatisation. The biggest issue is that the public does not trust the federal government, because this is the same federal government that said it would not cut health and education, and that there would be no cuts to the ABC or SBS. The public has stopped believing what the government members' federal colleagues are saying, because it has been bitten once, so it is twice shy. When the government members' federal colleagues say that they are not going to privatise Medicare, we do not believe them because we heard Tony Abbott say in very clearly enunciated words that the government was not going to touch funding for those particular policy areas. Roll forward to the 2014 budget and even the Premier was shocked by the federal government's policies and said that we may have to try to resist people coming to emergency departments by our own pricing signals.

Interestingly, Dr Gannon remarked—I know Mike very well and I think he has great integrity—at the same time that federal Labor has a better track record and better policies in place for health than the Liberal Party in this election campaign. I admire a man who can come along and do a dump job on one hand, but then even it up by correcting the record. I thought it was incredible that when Dr Gannon was on ABC radio this morning that the host of the radio show was almost imploring talkback callers to call in and tell everyone that this is a Labor scare campaign, but not one caller rang in to say that this is a Labor scare campaign. The radio announcer implored, "Surely, there are others out there who think this is a Labor scare campaign." But not one person rang in to say that; they all rang in to say that they were concerned about their health system. That is the concern that government members should have.

Labor has a very strong record on health. The major reforms, the big items in our health system, have been championed by the Labor Party over decades. In opposing the Abbott and Turnbull governments' attacks on Medicare, federal Labor has blocked three versions of Tony Abbott and Malcolm Turnbull's GP tax; blocked the Liberals' plan to increase the cost of prescription medicine by up to $5 a script; blocked the plan to slash the Medicare safety net by almost $300 million; and, day after day, has taken the fight to the federal Turnbull Liberal government over the cuts to the National Healthcare Agreement it has undertaken.

One of the cuts I found particularly annoying was the dismantling of the National Preventative Health Taskforce. This was a body of nationally renowned physicians and health academics who were putting together some great policies around making sure people did not have to go to see a GP in the first place. It was a terrific initiative, but even that was cut by the federal Liberal government, and I do not think that is good enough. I do not think it is good enough for us to sit back and say, "Well, that's federal politics and this is state politics, so we're not going to worry about those things", because we know they have an impact. We require the federal government to finance a strong primary healthcare system and other health programs so that we, as a state, can do our bit to ensure our hospitals function better. Unless we have primary health care working in concert with secondary

health care or hospital care, we are going to see a deterioration of the overall system and the hapless state Minister for Health will have to continue spending ever more of the state's budget on hospital care. We will have a population that gets sicker and has fewer opportunities to go to a GP, and obviously that will create a direct transference to our state hospitals.

I know federal Labor has put in place a number of policies to try to reverse these cuts. It wants to restore much of the funding for the National Healthcare Agreement and, in doing so, to bring the Council of Australian Governments back to forge a new pathway to work together between the states and the commonwealth government to ensure we have a much more joined-up, cohesive national healthcare system. I know federal Labor opposes the scrapping of prescription co-payments, and I am particularly pleased to hear that it is going to unfreeze the GP Medicare rebate. These are costly but important policies, and it is important that we join with our federal colleagues in enunciating the impact of those policies. It will mean that fewer GPs will have to charge a co-payment, which in turn will mean that more GPs are available in GP clinics for people to get the care they need. For state jurisdictions, it means that fewer people will have to present at hospitals.

The choice is very clear. We either have further cuts and a deterioration in national healthcare funding and policy, which will have a direct impact on our hospital system and a direct cost transference to the state government; or we can take the other route, which is to say no to the privatisation of Medicare, no to the freeze on the GP rebates, no to an increase in the cost of co-payments for pathology services, and no to an increase in the price of prescription drugs, to ensure we do not put significant pressure back on our state health system.

This is a no-brainer for the government. Members opposite have permission from the Premier to vote for this motion because we know from statements he made back in May 2014 that he agrees with us: if we put further pressure on funding for primary health care, it will have a direct impact on the numbers of people presenting at emergency departments. Members opposite have permission to support us on this motion, because we are saying, yes, we have a view on who the public should vote for in the coming federal election, but most importantly of all, we have a view on what is good for WA patients and what is good for the WA taxpayer. We know that the Turnbull government's policies will damage our health system and the health of our citizens, and it is the Minister for Health who will have to pay for it. It is ironic that federal Liberal Party policies will ultimately be paid for by the state Liberal government, and that should be opposed.

I can see the member for Dawesville talking to the Minister for Health, saying, "He's right; John, he's right, I'm telling you! See, he has written it down here. Look at the motion, John. It makes sense; for once the member for Kwinana's making sense!" That is what the member for Dawesville is saying.

Mr J.H.D. Day: It's not what I heard.

Mr R.H. COOK: The member for Dawesville is saying to the minister, "John, if we don't oppose this, do you know how many more people are going to present at EDs? Do you know what's going to happen, John? Do you know how much funding gap you're going to have to make up by virtue of the government withdrawing from its funding arrangements with the state health system? John, this spells danger! This was my worst nightmare when I was minister, John! What will happen if we don't support the member for Kwinana's motion? The Turnbull government's going to continue to cut funding to the national healthcare programs and to primary health care, and to growth in hospital activity, and we're going to be ruined!" This is the member for Dawesville; I am just quoting. I think I am quoting; I was reading his lips, so I am sure I am quoting! He said, "John, under me the budget went from 23 per cent to almost 30 per cent, and you've taken it to over 30 per cent! This is crazy; we need the Feds to actually do some of the heavy lifting around this! Unless we make sure the Feds back us on this one, John, we're ruined!" I think he said something like that—words to that effect, anyway. I cannot be sure; I could not actually hear the member for Dawesville, but I am sure he was saying words to that effect.

This is an important motion because of the principles it enunciates. This is about understanding and expressing our support for the principles that underpin Medicare and our health system—that is, that health care should be universally available, free and made available to patients on the basis of need, not on the basis of capacity to pay. To quote a political phrase, healthcare should be on the basis of someone's Medicare card, not their credit card. We believe this is an important principle for maintaining equality of opportunity in our society and for maintaining a health system here in Australia of which we should all be proud. Imagine if we were to move more and more towards the American system and a situation in which people have to pay to receive their health care, and in which we would have a class of citizens who are the walking sick; that is, they cannot get ongoing treatment for their illness, so they simply suffer through it.

The Turnbull government's privatisation plans foreshadow a lot of those developments; it is moving in that direction, which is why we are hearing claims that the federal government is going to privatise and Americanise. I know the Minister for Health does not agree with me, and I get that; I understand that. But I know he shares my

support for the values embedded in this motion. The Minister for Health would have had briefing documents on this issue, and I know that he knows that the impact of these pricing signals around general practitioner clinics, pathology tests and so forth will force people away from seeking GP care to presenting at our hospital emergency departments. That spells danger, because people will not get the best health care—they need primary health care, not that episodic and isolated care that they get in an ED—and it will cost us a bundle. That is why we oppose the sorts of policies that have been put forward by the Turnbull Liberal government. It puts an extra impost on the patients through the GP Medicare freeze and it puts pricing signals out there in the community that are quite frankly wrong.

The motion is before members. It gives them an opportunity to stand by the principles that I know we all share. There is a little bit of politics in that, and I understand that. But it is all right; the Premier outed the policies around that in May 2014 when he said that he opposed the co-payment. The Premier said that he opposed shifting those costs on to patients, which is what is currently happening under the GP Medicare rebate freeze. Members can oppose this motion or they can support this motion without fear of retribution and without fear of threats from their federal Liberal colleagues. But, if they threaten members, they can just say to them, "You're the ones who are putting in place policies that are going to cost my state a bundle and harshly impact on patients; and, if you don't believe me, go and talk to the member for Kwinana and he will tell you about it." Members know that is true and that is part of the problem. The Turnbull Liberal government is not in the best interests of the state health system, it is not in the best interests of Western Australian patients, and it is not in the best interests of this country. We believe that Medicare should be preserved in its entirety, not nibbled on like a rat nibbles on grain. We believe that Medicare should be preserved. It is not just about fairness; it is about the future of this country. For that reason, members should support this motion.

MR J.H.D. DAY (Kalamunda — Minister for Health) [4.42 pm]: I will make some comments but keep them fairly brief because I know that quite a number of members, probably on both sides of the chamber, would like to speak. I am glad that the Deputy Leader of the Opposition admitted near the end of his comments that there were some politics in this motion and debate. If I recall correctly, he started his comments with a fiction in which he pretended that this was not a current political issue. Clearly, it is in the context of the federal election campaign that is underway at the moment, and I think the reference in the motion to the supposed privatisation of Medicare very much bears that out. I will start with that point. This is clearly an issue of some debate in the federal election campaign. It has been initiated by the federal Labor Party in its election campaign clearly as a scare campaign. There is no proposal by the federal government to privatise Medicare. In fact, what is there to privatise? If we think about it, the reality is that Medicare is already substantially privatised in the sense that most of the services to patients are provided through the private sector. Most primary healthcare services, which are what Medicare essentially funds, are provided by local GPs who are either self-employed or employed by medical corporations and are certainly not employed in the public sector. The services are already privatised, and I do not hear the Labor Party complaining about that. Is it seriously suggesting that they should all be brought under government employment or public sector employment? I do not think so. That helps to demonstrate the fact that the political campaign that is underway at the moment as an act of desperation by the federal Labor Party is an absolute nonsense.

Apparently, there has been some discussion and some consideration by both the current coalition and the previous federal Labor government about how the payment system and the administrative services for Medicare are provided. Frankly, I do not think too many people in the community are really concerned about whether that is done within the public sector or whether a contracted arrangement is provided by the private sector, if it is going to provide more efficient services and a better and more efficient use of the very large amount of taxpayers' money involved in not only providing the services, but also administering the system. It is a nonsense to have reference to the privatisation of Medicare in this motion. It has clearly been done for the Labor Party to try to assist its federal colleagues, and that is understandable but it does not mean to say that it makes sense.

It is the case, of course, that services, whichever aspect of government they are provided in, need to be provided as efficiently as possible because there is always only a finite amount of funds to go around and hard decisions have to be made. It is necessary for governments—when Labor governments are in office, they understand this, although when they are in opposition, they pretend not to or sweep it under the carpet—to try to ensure that the large amount of taxpayers' funds that are being provided for health services in this case are used in as efficient a manner as possible.

Another point that needs to be appreciated is that although we support universally accessible health care being made available to people at no cost, when that is justified, it does not mean to say that the services are free. There is a belief that the Labor Party perpetuates that all these services are free. They are not free in the sense that they have to be paid for somehow or other, and they are paid for very substantially by taxpayers, whether

it be through the Medicare levy, general income tax or state revenue. As has been extensively reported, our state-funded health system now represents almost 30 per cent of the state budget. About three-quarters of the system is funded by the state government. The total cost this year is about $8.5 billion, and about $2 billion comes from the commonwealth government, but that means that the other $6.5 billion is provided by the state government. It is a major cost to taxpayers and to the community, and people should not perpetuate the fiction that it is free.

The reality is that we have an ageing population and there are increasing levels of chronic illness. The increasing incidence of obesity is very much an issue for the community, but there are many other diseases that I will not go through but I think most members would be aware of. All of that adds up to the fact that the cost of providing world-class health services, whether it be through primary health care or public hospitals, is an increasing burden on the community and we need to ensure that the services are provided in a manner that is the best value for the large amount of taxpayers' money that is provided. Somehow or other the revenue has to be raised, and whenever any increases in taxation are contemplated or talked about, there is usually pretty strong opposition from vested interest groups, the opposition and so on. But people cannot have it both ways. We need to appreciate that if people are going to get these very high level and world-class services, they need to be funded one way or another, including through raising revenue through taxation.

There was reference to the policies of the current federal government and negative comments were made about the approach of the current federal government, but I think it needs to be placed on the record that although there will always be issues of difference between Western Australia and the commonwealth—whoever is in office in the federal arena—and areas in which we would like more to be provided, there have been some positive developments in recent times in the negotiations with the commonwealth government. For example, on 1 April this year, a new head of agreement was signed at the Council of Australian Governments level in which the commonwealth and the state and territory jurisdictions agreed to modify the National Health Reform Agreement so that there is a time-limited aspect that aims to improve public hospital efficiencies and reduce unnecessary demand on acute services. Some of the key features of the agreement, which will be continuing for the next three years to 2017–18, include the retention of activity-based funding as the primary funding mechanism. It will ensure that there is commonwealth funding of up to 45 per cent of the efficient growth of activity-based services subject to a national cap of an increase of 6.5 per cent a year. That percentage is higher than what was initially contemplated, so that was a positive outcome for this state and others. There was also a decision to retain the National Health Reform Agreement arrangements for block funding and also for public health services. Also, as part of these arrangements, the states will be required to agree to develop and implement reforms to improve health outcomes and reduce demand for public hospital services, including coordinated care for patients with chronic and complex conditions; incorporating quality and safety aspects into hospital pricing; and reducing avoidable hospital readmissions.

Under the current arrangements, Western Australia has improved its commonwealth funding share under activity-based funding from 36.02 per cent up to 40.08 per cent between 2013–14 and 2015–16. That percentage increase has largely been achieved through WA Health effectively managing the counting classification and the growth of commonwealth in-scope activity within the NHRA parameters. That sounds very bureaucratic, but in short it means that there is a better outcome for the state. Some of the modelling that has been undertaken by the commonwealth indicates that under the heads of agreement Western Australia is expected to receive an additional $578 million from 2017–18 through to 2019–20, compared with the previous proposed arrangements of indexing payments by the consumer price index and also unweighted population growth. The discussions two or three months ago resulted in that positive outcome for the state compared with what was being contemplated previously. It is also relevant to note that the addendum to the NHRA is beneficial in that it maintains incentives for the commonwealth to manage growth in hospital activity through co-investment in activity-based funding and in demand management and integrated primary care.

There have been positive developments and I think a genuine intention on the part of the commonwealth to produce a better outcome, albeit that it is under the same financial pressures as the state. The reality is that the commonwealth government has to deal with a substantial deficit and also substantial increases in debt, which have been accumulated in recent years and, in particular, following decisions of the previous commonwealth Labor government when the amount of debt increased from virtually zero when it came into office in 2007 to whatever it is now—at least $300 billion or so. Unfortunately, it is continuing to grow, with an annual deficit of around $40 billion or so.

Mr P. Papalia: That is pretty cheeky of you.

Mr J.H.D. DAY: The commonwealth government and this state government both have the same sort of pressures whereby, unfortunately, we are spending a lot more than we are receiving in revenue, and it is very

difficult to make adjustments. In the case of the state, about three-quarters of our expenditure goes on wages and salaries, so I am not sure whether the member for Warnbro and others are suggesting that we should be reducing salaries and wages or whether we should be having wholesale sackings, as they did in Queensland to deal with the difficult budget situation that they had. That is not the approach that this government has taken.

We have aimed to maintain stability in the public sector and to ensure that public services, whether health or other public services, are maintained at the level the community expects, but the financial pressures on us, the cause of which have been well publicised, the small share of the GST that we receive and the substantial reduction in resource royalties, means that we are facing quite a substantial deficit in this and the next financial year. If the opposition is going to complain about it, it needs to put forward what changes it would make to address it, and we get a lot more rhetoric than we do substance.

Mr P. Papalia: Change government. That will sort it.

Mr J.H.D. DAY: The plan is to —

Mr P. Papalia: To put us in.

Mr J.H.D. DAY: Then what?

Mr P. Papalia: That will solve it.

Mr J.H.D. DAY: And then what?

Mr P. Papalia: That will solve it. You know what? I think most people in Western Australia think the same thing.

The ACTING SPEAKER (Mr I.M. Britza): Members, let us get back to the motion.

Mr J.H.D. DAY: Give us your plan. The opposition has no idea what it would do—absolutely no idea.

The ACTING SPEAKER: Members, let us get back to the motion.

Mr J.H.D. DAY: From the state government's point of view, we have very much aimed to maintain stability and ensure that the services provided in the health system, which are certainly at a world-class level, are maintained and indeed expanded. As I am sure the member for Dawesville will comment, the Liberal–National government has made a substantial investment of around $7 billion in new hospitals and health facilities right around the state. I do not know whether the member for Warnbro is complaining about that or whether he is complaining about Fiona Stanley Hospital, in which we invested $2 billion or so, or the investment that has been put into Rockingham General Hospital or Peel Health Campus, for example, in providing services in that area of his electorate, or whether he is complaining about the expansion that has occurred at Joondalup, for example, or the new Midland hospital.

When members opposite make these sorts of comments and interjections, they need to explain what they would have done differently that would have made any substantial difference. I do not think I need to go through all the major decisions and achievements of this government since we have been in office over almost eight years, and indeed the motion is not primarily about that, but they are well publicised and on the record. As I said, I know that quite a few other members want to speak. We have some sympathy with some aspects of this motion, but when the motion refers to the supposed privatisation of Medicare, the credibility of the motion moved by the opposition is reduced. However, as I said, there are aspects with which we are sympathetic.

MS J.M. FREEMAN (Mirrabooka) [4.58 pm]: I also rise to speak on this very important motion. I look forward to hearing the former Minister for Health's contribution to this debate given his previous comments on the general practitioner co-payment. The motion reads —

> That this house reaffirms its support for free, accessible universal health care, and that the house also calls on the commonwealth government to reject any proposal to implement a co-payment for GP and pathology test services or the privatisation of Medicare that would result in increased pressure on hospital emergency departments.

Frankly, who could believe Malcolm Turnbull's guarantee that he will not privatise Medicare when the federal government shut down its own Minister for Health? When Sussan Ley said that she wanted to end the Medicare rebate freeze, but Finance and Treasury are not allowing her to do it just yet, she was shut down. Has anyone noticed something very peculiar? Every year since 2004, we have had a National Press Club debate between the Minister for Health and the shadow Minister for Health. Where is our National Press Club debate? There was an amazing debate between Abbott and Roxon—we all remember how remarkable that was. Where is our debate? Malcolm Turnbull has shut down his own health minister because he is afraid of what she will say. She will

reveal that she has no control at all over the health debate because when she wanted to end the Medicare rebate freeze, she was shut down by Finance and Treasury because they were not allowing her to do it: "Finance and Treasury are not allowing me to do it just yet." That was shut down by the Treasurer and others. Who could believe Malcolm Turnbull's guarantee about this? The debate about Medicare is a debate about Medicare's future and it is a question of values. The Labor Party has always held the values of an affordable, equitable and efficient Medicare and healthcare system to the community. On the other hand, the Libs set up a $5 million task force to privatise the payment system. We all know that Liberals are good at wasting money because they have just wasted money over Metro Area Express light rail. We all know that we cannot believe anything the Libs tell us because they told us they would deliver MAX light rail into Mirrabooka. Here is another reason why the Liberal Party cannot be believed when it says it will not do something.

Mr J.H.D. Day: Tell us about the pink batts episode—talk about a waste of money!

Ms J.M. FREEMAN: The minister's friends in Canberra have shut down their own health minister. Would the minister like his Premier to do that? Sussan Ley is not allowed to speak at the National Press Club. Ever since 2004 there has been a Press Club debate, but there is no Press Club debate. They do not want her to go out there because they are afraid that their health minister will tell it like it is. She was telling it like it is and they shut her down. Would the minister like the Premier to shut him down like that during a campaign?

The Liberal Party took $57 million out of hospitals and has gutted the Medicare system; on the other hand, Labor wants to make it easier for Australians to access healthcare systems and to see GPs. We all know that Medicare is a one-payment system and Labor has a plan to protect it, ensuring that our world-class health system continues to deliver good outcomes for every Australian into the future. An average family in WA with two children will be about $400 better off under Labor in this federal election than it would be under the Liberal Party's health reforms. Do not just listen to me about this. Jenna Price published an article in *The Sydney Morning Herald* on 21 June—after the guarantee from Malcolm Turnbull—titled "How the federal government is already privatising Medicare". She quite likes getting phone calls from pollsters and talking to people because she is interested in putting her position and making her position known. In her article, she says —

> But the one thing all these polls have had in common is questions about Medicare.
>
> It's number one on my list of issues I care about. Number one.

She goes on to say —

> For some reason, the Liberal Party has found itself all tied up with special interest groups which want healthcare to be privatised.

It basically leads to say that that is the private health funds. Think about it—think about what happened during the Howard years. Think about when the private health insurance levy was introduced. If a person was not a member of a private health fund, they were taxed; people were penalised. John Howard basically allowed the private health industry to undermine the very affordable and highly accessible Medicare system. This all impacts on the people we represent. Members should think about the people they represent. People are paying private health insurance, yet when they front up to try to gain benefits from that, they still end up paying a gap. That insurance is undermining what is going on in the public health system.

The good part is because private health insurance can be used to access public health, it keeps a lid on costs getting too high. It keeps a lid on surgical fees and a whole group of other fees. Effectively, federal Liberal governments have form. A penalty was introduced during the Howard years. If a person did not enter into private health, the Liberal government basically began the slow march towards undermining the public health system. In her article, Jenna Price goes on to say —

> Stephen Duckett, the director of the health program at the Grattan Institute, says that while the Prime Minister did indeed promise to keep back-office operations in house, nothing he said could be applied to the biggest privatisation of health already under way in Australia, the co-payment, which the government is forcing on all of us by freezing the GP Medicare rebate.

The co-payment is a massive impost on the communities we represent. The article goes on to state —

> "Privatisation is increasing the proportion of private payment in the health system," says Duckett. That's what happens with the freeze. It forces us to pay so our GPs can continue to provide healthcare.

I want to read out an email I received from a doctor in Mirrabooka. He wrote this email to us about his concerns. I quote —

> As Gp working in Mirrabooka, i can not stress the importance of keeping medicare alive.
>
> The proposed changes to Medicare that the Turnball Govt has implemented and is planning to implement further changes will have a devastated effect on the health of my patients.

> With the GPs item number rebates further frozen until 2021, most GP's would have no other option but to stop bulk billing to meet increasing costs.
>
> Patients are already struggling to pay for their medication in Mirrabooka. Many patients ask "Doc i cant afford all these meds, which are most important"
>
> How can one tell a patient whether his cardiac medication or anti-stroke are more important? They are all important.
>
> My fear is with increased costs of seeing a doctor, such patients may stop all medication.
>
> Furthermore adding costs to having radiology and pathology tests will simply mean that many patients in Mirrabooka will just not do these tests.
>
> These tests are essential for preventative medicine.
>
> I Support, the Labour Party's efforts to keep medicare alive, it's a must to support the health of the patients of Mirrabooka.
>
> Regards
>
> …
>
> Gp
>
> Mirrabooka …

I want to talk a bit about pathology tests. The member for Dawesville, the previous health minister, will probably speak after me and he can explain this. A letter recently went around to different doctors' surgeries from Western Diagnostic Pathology. I am unsure whether the member for Dawesville is aware of it. Basically, some sort of deal was struck between the coalition government and the members of Pathology Australia and costs will be kept down. There will be no increased costing aspect of the gap payment because the government had reduced the amount of funding it would give for vital pathology services. Some sort of deal has been cut and Pathology Australia will cop that on the basis that it —

> … would agree to cutting the funding for pathology MBS items, on the condition that rents paid by those pathologists to medical practitioners for collection centres were reregulated.

It is just cost shifting. If an organisation or a hospital has a pathology service, they will pay less rent so they can make the same amount of money. That rent goes into the operations of a surgery or a hospital or whatever. I cannot assume that that organisation is going to take less money—it will get it from another source. Suddenly, we will see an increase in fees, including the gap fee, for patients. That is now being done by doctors so that they can afford to pay the rent. This letter to general practitioners throughout Western Australia said that some dirty deal has been done to redirect costs so that the government can reduce its costs, but it is cost shifting back to the consumer—the patient. That is the problem we have. We now have a health system that comprises profit-seeking entities because we have allowed private health companies to come in. We have allowed all these things to come in instead of saying, "Taxpayers have agreed to pay a Medicare levy on the basis that they want to see universal health care that benefits all people in the community." We all know that Medicare is a national health insurance scheme based on a single funder, universality and shared risk, but for middle and high income earners the result of the Howard years was that services were contracted out or privatised.

The member for Dawesville said that more was privatised under Labor governments, and I just want to take that up. Privatisation was a policy of the 1980s. It was championed in the United Kingdom by Margaret Thatcher and taken up by Ronald Reagan in the USA. It was adopted by Australian policymakers as a result of pressure applied by market economists at the time. I know this, because I was at university at the time, and that was the big catch cry. According to a report titled "The Blind Men and the Elephant: Getting the Picture Clear on Privatisation", the sustained burst of privatisation in Australia was under the Howard government between 1996 and 2007, during which time it sold off 20 per cent of Australia's public assets, compared with five per cent of public assets in the UK.

Dr K.D. Hames: Don't forget that it was your Treasurer who wrote the treatise supporting public–private partnerships.

Ms J.M. FREEMAN: No, I do not agree with that. I do not agree that that would ever have seen the light of day under the Labor Party. That is like saying that there was some spurious discussion about Metronet and the government never released it. There might have been spurious discussion about MAX light rail that the government never published, but the government came out and said it would do it. The Labor government never came out and said that it would have public–private partnerships. We never came out and said that.

Dr K.D. Hames: It is a public document; I'll give you a copy of it.

Ms J.M. FREEMAN: So is the draft document of the transport plan that the former Treasurer relied on to promise the people of Mirrabooka a MAX light rail service prior to the 2013 election. The difference is that the government and subsequently the Liberal Party announced the project and then never delivered it, but we never announced public–private partnerships, and they never went through cabinet. It may have been a discussion paper, but it was never part of the Labor Party policy.

Medicare levy surcharges introduced by the Howard government, as I said, made it much more difficult for people to access the public health system without having to pay a gap fee. Since then, we have seen increases in private health insurance premiums, under both the federal Labor government and the federal Liberal government. My understanding is that the increases have always been way above the consumer price index. In the years when ministers tried to keep a lid on those increases, there was massive lobbying to allow for increased premiums and decreased services. We need to have a bipartisan discussion about what is happening to our Medicare system through the privatisation of health through private health insurance. We need to demand that our federal counterparts look at how that has undermined the health services delivered to the Australian public.

We have to ask whether fee-for-service, which is what happens under that private health model and has now been adopted in the public health system, produces better health outcomes for individuals and the community as a whole. I agree that the capacity of private patients to access the public health system is vital—I said this before—to ensure that private health providers are competitive, and it has a ceiling impact on many of their costs. The cost discipline that this dual system applies is undermined by health system waiting times and public–private hospitals such as Joondalup and Midland, on the basis that people start to see that there is a way to get better service in another system. We need to go back and make sure that people realise that we deliver the quality service we have always been able to in the public health system.

[Member's time extended.]

Ms J.M. FREEMAN: We know that the key driving factors for increasing healthcare costs are the ageing population and improving medical technology. The Minister for Health said that it was also to do with increased obesity, and he pulled out a few more factors. I had not heard that they were major factors in increasing health costs. That makes it all the more important that we talk about preventive medicine and preventive health to reduce costs, not attacking the public health system. Warren Buffett, the very famous investor in the United States, no friend of socialists, has described private insurance as the tapeworm in the US health system, and we certainly do not want to see a repeat of that in our health system. One article that I read—I am sorry that I do not have the source here—stated that the administrative costs of private health insurance were three times the cost of Medicare, and borne by many in the community.

I am trying to say to members that Malcolm Turnbull may have given a guarantee, and members opposite may want to agree that he can live by that guarantee, but I do not think he can live by that guarantee, and I think that is shown by the fact that he has silenced his own Minister for Health. He has not enabled her to do what every health minister has done since 2004; that is, to go to the National Press Club and debate health policy. My understanding is that Catherine King said that she will do it, and gave some dates, but the Liberal Party has given no dates for that. Members opposite may say that they can trust Malcolm Turnbull, but I do not think that his actions show that he is trustworthy on this issue. It shows that he is politically expedient and that he has political nous. I think it shows what we already know about the Prime Minister; that is, he is willing to say and do anything to achieve power. I do not think his guarantee is worth relying on.

We need to have a debate in the broader community about the impact of the private health insurers and this massive gap payment that is affecting so many people in our community, not just low-income workers. I have read to members the account of the doctor in Mirrabooka who has said that the freeze on the GP Medicare rebate is causing him great concern, and that is also the case for many people who access services. As I understand, 10 years or more ago, someone going in for a knee operation would have pretty much all their costs covered. Someone going in for a similar operation now will be facing massive costs. We are making people take out private insurance, and Australian taxpayers are subsidising the private health insurers in their operations. We are doing all of that, and it is not providing us with a better health service. We have to get back to the fundamentals of delivering a good public health system that is effective and efficient and delivers to all, and we need to put out those people who want to profit from the system. They may have their place in cosmetic surgery, but I do not think they have their place in delivering the day-to-day needs of our medical system. Medicare is a foundation service. This concern I have about private insurers is one that the current federal minister holds. She floated the idea that the coalition would introduce categories of gold, silver and bronze private health insurance so that people could be less confused—I think that was her comment—about the different level of cover, but frankly, it is so they can be less dudded by private health insurers and what they provide. As we all know, the Australian Competition and Consumer Commission is investigating Medibank Private and there are rumours that

further investigations into other private health providers are likely, as well as an assessment of the predatory behaviour of large private hospitals and insurers in keeping out other small providers.

What is the problem with privatisation? Why does this side always say that these are essential services and they need to be delivered by government, and delivered effectively? It is because privatisation pushes organisations to other goals away from the key goals of health outcomes for all Australians. It adds a profit goal. It makes critical decisions on clinical requirements and clinical delivery dictated by goals of profit maximisation. It makes critical decisions like whether the orderlies, which are now called porters, at Fiona Stanley Hospital will shift a patient. We all know that they will shift them a certain amount, but they will stay strictly to the contract of their delivery. That is not about patients; that is all about contracts, margins and profits, and that is not a delivery of a good health service—not a fundamental and proper health service. We know that the contract with Fiona Stanley Hospital and Serco for the porters has led to the need to employ nursing assistants. No other public hospital has nursing assistants who do the same tasks. We found that out through the Education and Health Standing Committee inquiry. I recently talked to someone who had come from Royal Perth Hospital as a patient care assistant and had done the related tasks. She went over to Fiona Stanley Hospital to be a nursing assistant. I asked how the job was different fundamentally and she said it was much easier, much better and much more focused. I cannot bring her into this place, but this is what she said to me: "We pick up the jobs that the porters will not do." We know that is what happens when things are restricted and made to be about profit instead of the delivery of services to patients. When a service is no longer a foundation service delivered by the state, the delivery of that service is undermined.

We saw the public investment of taxpayers' money through the privatisation from 1996 through to 2007. There is no doubt we saw that beyond that period of time under Labor governments. It was the prevailing thought of the time. It was the economic rationale, it was the big thing to take the government out, but it has only delivered greater costs to the public; it has not delivered anything else. Privatisation has taken the public investment of taxpayers' money into organisations that were operating—taxpayers paid for them to establish, set up and run—and transferred it to large companies, which not only disadvantages the citizens of Australia, the people who consume those services, but also squashes and pushes out small business enterprises. It has increased costs and profits. We need to ensure that money that is about the public health system is reinvested into it. We need to ensure that the public health system and taxpayers' money stays grounded. We need to ensure that none of the services of Medicare ever get delivered by a privatised service that could undermine their delivery and fundamental aspects. We need to place Australia back on an even footing. We need to stop the freezing of Medicare payments. We need to protect it. We need to invest in hospitals and we need to do more research. Most of all, we need to do preventive health, because the goal, if it is to reduce costs, should not be achieved by selling off assets of the community so it needs to pay greater costs to access health services. The goal, if we want to reduce costs, should always be achieved by looking at the causes of people taking to our health system. If it is the ageing population, for example, we need to ensure that there is good adequate funding, and more funding, into that area, given that we know it is a risk factor, to reduce that risk so that people can live their lives and do not even have to get themselves into the health system. The member for Dawesville would know that it is distressing and debilitating for a person who suddenly finds themselves with a lifestyle illness that takes them into the health system. It undermines their wellbeing and their capacity to contribute to the community and enjoy their day-to-day lives. I certainly know that having watched people in the workers' compensation system. That is why it made me so committed to occupational health and safety. Having dealt with people who were injured, all I could ever want to do was work towards ensuring that people never found themselves having to be in a compensation system. There is no compensation, there is no treatment, for a health problem that would ever be as beneficial as preventing getting it in the first place.

DR K.D. HAMES (Dawesville) [5.26 pm]: I want to start with the motion itself. In this motion the Labor Party has tried to cobble together three vaguely related proposals so that they are one—as though they relate to the same thing. There are three components to the motion. The first is that this house reaffirms its support for free, accessible universal health care. The next component is about co-payments for GPs, which has absolutely nothing to do with the first. Free, accessible universal health care is the system by which public hospitals provide free services to patients who present to them, and that is what we all support—that that service should be free. That has absolutely nothing to do with Medicare. For the member for Mirrabooka, who has just given this very left wing view on the private sector, can I tell her, that Medicare —

Several members interjected.

The ACTING SPEAKER: Members!

Ms J.M. Freeman interjected.

Dr K.D. HAMES: Do not start yelling at me, member for Mirrabooka, just because I have mentioned your name.

Several members interjected.

The ACTING SPEAKER: Members, I am on my feet.

Ms J.M. Freeman interjected.

The ACTING SPEAKER: Member for Mirrabooka! I am on my feet; sit down member for Dawesville. I call the member for Mirrabooka for the third —

Several members interjected.

The ACTING SPEAKER: Members, sorry to inconvenience everyone! If you could just be quiet, it would be lovely. I have called you for the third time, member for Mirrabooka, and I am about to throw you out. Member for Carine, I call you for the first time. If I am on my feet, you zip it. I am listening to the member for Dawesville. If I need to throw people out, I will.

Dr K.D. HAMES: The point is that Medicare services are totally provided by the private sector. I understand that the member for Mirrabooka needs to go, but she should just hear these words as she is going out the door: those services are totally provided by the private sector. People go to their GP for Medicare services, they go to pathology or radiology providers, or they go to a private hospital. Those services are totally provided by the private sector, not by the government. The government provides free access to its health service, which is the first component of the motion. Then in the motion the Labor Party is trying to link that to the privatisation of Medicare, an idea described by the current Prime Minister as the greatest lie of this election campaign. I will do the trick of the member for West Swan and say it again: it is the greatest lie of the federal election campaign. The shadow minister —

Several members interjected.

The ACTING SPEAKER: Members!

Mr R.H. Cook: That compares to no cuts to education.

The ACTING SPEAKER (Mr N.W. Morton): Member for Kwinana!

Dr K.D. HAMES: I will get on to the member's no cuts, because the comments he made about those are not true either. The greatest lie of the federal election campaign was about the privatisation of Medicare, and he made comments twice about the Prime Minister scurrying away from policy, and another one that the Turnbull Liberal government policy should be opposed. There is no policy to privatise Medicare. For Labor to claim otherwise is completely wrong. It would be just as easy for me to say that the policy of federal Labor is to double the Medicare levy. Malcolm Turnbull and I could run around saying the Labor proposes to double the Medicare levy if it gets into government. I am not aware of that being true, I assume it is not, but for the same reason —

Mr J. Norberger: You never know.

Dr K.D. HAMES: That is right, you never know. That is what members opposite say: "Well, you never know. That tricky Turnbull government says it is not going to do it, but you never know."

Mr R.H. Cook interjected.

The ACTING SPEAKER: Member for Kwinana!

Dr K.D. HAMES: The Labor Party is an absolute hypocrite on this. Remember when the former Labor Prime Minister Julia Gillard said "under any government I lead there will be no carbon tax." Why do you think that the Labor Party has only three seats in Western Australia, and all of those members are retiring? It is because the federal Labor government told so many lies and said so many things that were not true that the people of Western Australia totally distrusted Labor and it led to record gains for Liberals in Western Australia on a state and federal government level.

Mr R.H. Cook interjected.

The ACTING SPEAKER: Order, member! I am on my feet. I get a sense, member for Kwinana, that you are itching to be called to order. I am more than happy to oblige but I would like to listen to the member for Dawesville.

Dr K.D. HAMES: I want to address the comments by the member that Liberals promised there would be no cuts in health and then they cut the budget. That is not true. When I was Minister for Health, the budget from the federal Department of Health went up every year. They were not cut; every year they rose. They did not go up by

as much as Labor promised, that is true, but I and all the other previous health ministers were enormously sceptical about the promises made by Labor and the increases it was going to put in place. We knew Australia could not afford the promises Labor was making in health or education. I might say that we were quite happy to get the promises, but we thought that eventually that mob would come to its senses and realise that it was spending money that the Australian taxpayer could not afford and it would have to cut back. Previous health ministers under Labor and Liberal were extremely concerned about the significant growth in health funding Australia-wide, as were we in this state. We knew that the rate of growth we were getting through the commonwealth would send Australia broke and we would not be able to afford that increase in payment. Far from saying I will come out and disagree with the member, I will come out and agree with the shadow Minister for Health on those aspects, one of which is the co-payment issue. As the member knows, because I have said it publicly in this house, I did not agree with the co-payment proposal put forward by the federal government. It would have done exactly as the member said; people would no longer have been able to afford to see their GP or they would have chosen not to pay and gone instead to the public system where the service was free and, as members know, significantly improved under our government. The changes to the four-hour rule in particular meant that people waited an enormously shorter time to get treated in emergency departments than they did under the previous government. People were voting with their feet for a better system and that has put some pressure on our current ED services. The pressure on our high-quality, state government service would have been enormously exacerbated by the co-payment, and I made public statements about that.

I refer to Medicare funding and the growth in Medicare funding; that is, the rebate for GPs—remember it is the private sector. Medicare is always seen as insurance. It was never meant to be full payment for the service. When the Labor government brought in Medicare, it set the payment that a GP should get at a certain level and it then funded the GP by 85 per cent of that amount. If a GP chose to bulk-bill, he was getting a 15 per cent discount on the service that he was charging. Since then, if we look at the graph that shows just consumer price index increases over the last 20-odd years since Medicare was brought in and compare that with the rise in the Medicare rebate, the difference is chalk and cheese. There is an enormous divergence of payments that came to the doctor through the Medicare rebate compared with what the charge would have been if it had just gone up by CPI over those years. Over the years many doctors chose to stop bulk-billing because the more they kept to it and gave that discounted amount—it was no longer a 15 per cent discount but a 20, 30 and 40 per cent discount on the services that they would have otherwise reasonably charged with just CPI growth. That happened under not just Liberal governments, but also Labor governments. I remember when I was a GP, one year we had a 20 per cent increase when inflation was growing at six or seven per cent, so it was nowhere near covering the cost of inflation to GPs, but the federal government of the day was willing to cut these costs down in health and arbitrarily gave a minimal increase on the levy.

The freeze on the levy is no different. I can see why the federal health minister is not happy with that freeze. Once again, it has been dictated by Treasury. It seems that the health department and Treasury are always somewhat at odds, both here and federally. That freeze requires the GP to give more of a discount every year on their fees. Freezing the levy for another three years means a significant further discount. It works out to be about a dollar a year. The current rebate for a standard GP service is just over $37 per visit. Most doctors will charge $40, $50 or more for those services. People already make a co-payment unless the doctor chooses to give the discount, which is called bulk-billing. This is the private sector that provides a service and has insurance, if you like; Medicare is the insurance. The government has chosen to insure an amount that used to be 85 per cent and is now more like 60 per cent, and the doctor, normally through the goodness of his heart, chooses to bulk-bill either all of his patients or some of them. For example, I used to bulk-bill all pensioners, Health Care Card holders and children. If someone had a job, they paid the normal fee. If I treated them and they came back for further treatment, I would bulk-bill them for the second or subsequent visit figuring that I should have fixed them in the first place and they should not have needed to come back.

The Medicare levy gap has grown over a long time. I do not like the freeze; I put that on the record right now. I do not think it is appropriate. GPs should be provided a reasonable recognition of the cost of inflation of the service that they have been discounting year after year for government after government; it has gone far enough. Having said that, the dilemma is that the cost of health care to the taxpayers of Australia continues to grow. There is no doubt that there is over-servicing within the system, but it is hard to identify where it is. As a GP, I know it is without question that we over-service. Why do we do it? We do it for legal reasons. If someone comes in with perhaps a sprained ankle and a doctor is 99 per cent sure it is sprained but they do not want to be sued because the next day they might go to the ED at the hospital and find that they have a fracture, they send them down for an X-ray to be sure.

General practitioners do blood tests because they are not sure of all the things a patient might have. They are pretty sure that they have the diagnosis right but they do not want to take blood more than once, so they take blood and test for a range of different things, all of which have a cost. In many cases in the past pathologists

have bulk-billed for those tests and the GPs know that it will not cost their patients anything. I have to say that GPs do not worry too much about what it costs the taxpayer; they are worried about what it will cost their patient. GPs look after the welfare of their patients and, because they are largely bulk-billed, they do a range of tests to cover all options. Sometimes when patients come in, GPs do something to reassure them that nothing is wrong. The GP is confident that nothing is wrong with the patient, but they tell them that they will do the tests to make sure that everything is okay. A GP might even request a CT scan for someone who has recurrent episodes of headache even though they are sure there are no other symptoms. The GP could wait to see if other symptoms develop, but they want to reassure the patient that everything is okay, so they send them for a scan to reassure them that they are okay. Those extra costs are hard to identify. It is hard to get a doctor to say, "Bugger my patients; I am going to reduce my level of service because of the cost of the health system." There might be a few who do it, but there will not be too many.

Another system that concerns me—I have passed on my comments about this to federal ministers, both Liberal and Labor—is that we find in some instances that large cooperatives own the GP service, the pathology service and the radiology service. I have had unconfirmed feedback from people who have worked in those systems that they are encouraged to order more tests. They are told not to worry too much if they do not see many patients, but to make sure that they do plenty of X-rays and blood tests, because that is where the majority of the cooperative's income comes from. I would like to see some investigation federally of those comments to see whether they are accurate.

Mr R.H. Cook: Just if I may, often those chemists or pathologists are renting space from the GP who owns the building, so, you see, there is a sort of potential circle.

Dr K.D. HAMES: That is the case. I think when I was a GP we rented out space to one particular pathologist as well, and we sent our blood tests to that pathologist. We did not direct patients; they could go where they wanted, but they would tend to go to the one that was in the building. There are costs associated with those things that we have to have a look at. The total amount of pathology income is enormous. Radiology income is enormous. We need to make sure that those costs are justified; be that the tests are justified or that the costs for providing the tests are justified. We heard the outcry when there was a major reduction in the number of cataract operations being done. Under the old funding system, funding for cataract operations was quite high because it was quite a complex operation. As the operation has become simpler and simpler, doctors could do them faster and faster. Doctors could do 14 cataract operations in one session earning them large amounts of funding, which really was not justified. The government has to review some of those services provided. With the use of modern technology, the cost of pathology services should be provided cheaper than they used to be. It is the same with medication; looking at whether the one pill that people have could be provided cheaper than it had been before.

I want to talk again about the member for Mirrabooka's negative comments about private providers and her suggestions that they are demons, that costs are greater and that less services are provided. Over and again that has been proven not to be true. We saw what happened when the Labor Party was in government last time—that is, it went significantly down the track to renew the contract for Joondalup Health Campus because it is an excellent service that was being provided cheaper than it could have been provided by the public sector and at a significant discount. We have seen that especially with Midland Public Hospital, where the service is being provided at a significant discount to state government; the private operator is providing a cheaper service than we could provide and that is of a very high quality. The member for Mirrabooka's comment that private service providers cannot provide that system other than to make profit is just wrong. She said "profit" as though it is a dirty word; it is profit that drives the economy. Profit is the difference between an old communist country and a modern economy like Australia or America. It is people who are willing to go and put their lives on the line and work their guts out to make a profit.

[Member's time extended.]

Dr K.D. HAMES: There is nothing wrong with making profit.

Ms L.L. Baker: Can a woman still not get contraceptive support at the Midland Health Campus?

Dr K.D. HAMES: With respect, member, I do not think that is a reflection on whether privatisation is good or not. Surely, that is a minor problem; normally, that is a service that would be provided by a GP.

Ms L.L. Baker: Not a big problem!

Dr K.D. HAMES: No, it is not a big problem. Ask any GP in Midland whether they regard that people not being able to get contraception at a public hospital is a problem. They would answer, "No, why would anybody go to a public hospital for contraception? It's nonsense." That is one of the issues with bulk-billing. I went to full bulk-billing for a while—for two or three years—but I stopped because my patient numbers grew enormously. If a GP works hard enough, he can safely see 160 patients in a week. My numbers grew to 190 to 200 patients and

I just could not cope. A lot of the patients were people who had had a sore tooth for two weeks who came to see me because they did not want to go to the dentist or who had minor complaints that people would normally put up with or treat themselves or go to their mother to be treated. They would come down to me and ask for treatment. I went back to doing what I was doing before and the numbers dropped to a comfortable level and I was still bulk-billing all the people I had seen before. But when something is free, people do not have respect for it. They do not have respect for the quality of the service being provided or the amount of training that has been put in by the doctor, and they go to the GP for the treatment of minor things. That is just not affordable for the taxpayers who have to pay for it.

Again, I want to cover the member for Mirrabooka's comments. She seemed to have a hate session about private insurance companies and how bad they are. Without private health insurance companies in Australia, our public health system would not survive. I think private health insurance companies look after 55 per cent of patients in Western Australia. Imagine if people did not have private insurance and they all came to us, we would have to double the number of hospitals and it would cost us an absolute fortune because our services are provided at a greater cost than in the private sector. Private health insurance saves the state government an enormous amount of money. The member for Mirrabooka talked about the difficulties of the gap payment, and that can be a difficulty for people, but we need to remember that it is like two levels of insurance, in fact, more than one level of insurance. Everybody who works pays a Medicare levy—that is like buying private insurance for public hospital or private hospital services, as we have discussed before, and for GP services. People pay that levy and it entitles them to get a rebate on what the doctor charges them and helps to cover the cost of our public hospitals. Some of the money for public hospitals comes from commonwealth government activity-based funding. Then, instead of waiting sometimes up to a year for treatment for a non-urgent problem, say, a knee replacement, at a public hospital, people choose to take out a second insurance. They pay the funds for a second insurance, which gives them, again, a percentage of cover. It is like insuring a car or a house; people can insure whatever percentage of the value of their car or their house that they choose. It is the same for private health insurance. If a person wants to insure for 100 per cent of the cost of a doctor, they can by paying more. But most people choose a certain level of cover, and that leaves a gap. Remember, these are private companies and private individuals. We can no more say to an anaesthetist that they can charge X number of dollars for giving a patient an anaesthetic than we can go to a baker and say that they can charge X number of dollars for their bread because that is what we can get it for down the road. People choose their anaesthetist; they have to be told what the cost is and what the gap is, but once they know that, they choose. There might be an anaesthetist who is the best anaesthetist in the whole of Australia who might charge double what everyone else charges because he knows he is good. People will choose to pay to go to him if they want the higher quality service because they believe that his service is better. It is totally the choice of the individual involved. It is absolutely essential that we have two health insurance systems and that we have a private insurance system that takes away the enormous pressure that would otherwise fall on the government.

That concludes my remarks on this motion. The great lie of the election campaign, and the suggestion by the Deputy Leader of the Opposition, in all his words, directions and comments, that somehow free, accessible healthcare services are linked to the Medicare fee for GPs and the so-called privatisation of Medicare, which is already a private service provider, does not exist in fact.

MS L.L. BAKER (Maylands) [5.50 pm]: My contribution to the debate will be about the aspect of health that we have not dealt with in discussion on the motion on the provision of health care. I will go more into the wellbeing aspect of health, which is the other side of it. It is not always about how physically healthy people are; a large aspect also relates to people's mental health, their state of mind and their wellbeing. That is pretty much where I want to focus what I am going to say tonight. I hope that it has relevance. It has been a very interesting debate for me so far. I am not an expert in health. It is very good to listen to the various perspectives. I have had quite a deal of recent experience with children's health, particularly in relation to the survivors of sexual and physical abuse. I would like to talk a bit about that in this context and about the resources that our system is currently not providing to help those survivors.

It started for me when the Joint Standing Committee on the Commissioner for Children and Young People, which I chair, started to look at what the government had agreed to do after the release of Peter Blaxell's recommendations after the Katanning review into the institutional abuse of children. At the time, the Premier put his hand on his heart and accepted all of Peter Blaxell's recommendations and I give credit to him; indeed, he should have done that. What followed nearly 12 months later was a review of the children's commissioner legislation by the Public Sector Commission. It looked at a range of different terms of reference, one of which was how the commissioner could enact Blaxell's recommendations 2 and 3, which were about the development of the children's commissioner as a one-stop shop for survivors of abuse to report abuse. How that would be moved forward was a fairly problematic issue. At the end of that review, the Public Sector Commission was not at all clear, in my view anyway, about what role the commissioner should play. Subsequent to that, the

Attorney General made comments that the Commissioner for Children and Young People would not enact the role that Blaxell had recommended, and I will talk a bit about the role in a minute. He said that the reason the commissioner would not do that was that he was going to wait for the outcome of the Royal Commission into Institutional Responses to Child Sexual Abuse, which, as I am sure members are all too familiar with, is taking place and has been running for the last few years.

What disturbed the committee, and certainly me, was that further delays in the protection of children were simply unacceptable. I think that is probably the heart of my contribution. Delaying changes and improvements to the child protection system in Western Australia cannot happen. To delay changes or expansions of the role would simply put more children at risk for a longer period. I want to refer to a number of the findings and recommendations that my committee made. Firstly, our committee found that consistent and continuous support for a victim of abuse is currently not provided by the Western Australian child protection sector, and I will define that. The child protection sector that I talk about is not the Department for Child Protection and Family Support or agencies such as Ngala and the like that provide aspects of child protection; it is the whole umbrella that is meant to cover and protect children in Western Australia. That is where the gaps are—in the whole coverage. There are big and, in my view, completely unacceptable gaps in the way we protect children. We asked the question and the answer was that indeed there is no consistent and continuous support at the moment for a victim of abuse in Western Australia. Secondly, the committee found that navigating the child protection system—this big, loosely woven, interlocking, complex and multifaceted system—is fraught for anyone who holds concerns about children suffering abuse. It is especially inaccessible for children.

Those two key issues are driving what I am saying tonight. The system that we are trying to say protects children is not continuous, well-coordinated, extensive or all-covering, and it is fraught. Indeed, one of the witnesses at a committee hearing walked us through a completely harrowing set of circumstances that she had experienced as a child. I will not go into what they were at the moment for the sake of those in the public gallery, but they were truly horrendous occurrences. She finally reported to the police when she was a teenager, and then she took off and when she got back to the state, she pursued the charges against a family member. In the journey that ensued over the next two years, her life was absolute hell. It included drug abuse, suicide attempts and institutionalisation; in fact, for most of the time that she spent on that journey, she was housed in a mental institution, seeking support to try to deal with this dreadful abuse while she waited for court cases that were continually delayed. This child, as she was then, was on her own throughout that journey. There was no one person who started and finished the journey with her. She related that the one person who saved her life was the police officer she was originally referred to at the police station. The woman at the front counter at the police station said that she could not deal with the disclosure and would get someone who could, so she brought forward a police sergeant, who was there on and off for two years. She said that the most debilitating experience for her was when she finally had the courage to go to court after many delays in the court hearing and she was waiting in the foyer to go into court when the doors of the lift opened behind her and out stepped her lawyer and a couple of other people who looked at her and the look on their faces, I guess you could say, defined her death. She wanted to die as a result of seeing the look on their faces. They looked at her and just dismissed her entirely. She had bandages up her arms, as she had tried to commit suicide a few days earlier. She was gaunt and frail and a tragic figure. As I said, I will not go into detail, but the reason this woman survived was this one man who did not turn away. He kept turning up when the courts re-listed the hearing and he stood there and waited for her. He picked her up from the institution and took her to court and helped her through that. That is one of the roles that we do not have in this state. We do not have a children's friend that travels that journey with them, and that is a great loss.

I talked about the need to co-locate services so that they are more child-friendly and child-centred, and that is absolutely critical in this journey. I refer to places such as the George Jones Child Advocacy Centre at Armadale, which is run by Parkerville Children and Youth Care (Inc). I think I am popping out there this week again to see it with some colleagues. If we look at that centre and how that operates, we see that all the facilities are there for someone to walk in, if they have the courage; of course, most people do not report until they are adult, by the way. If a carer or someone picks up on something and suspects a problem, they can take the child to George Jones and report it, but most people who have not had the support of someone as a child will not report until they are aged in their thirties. That is a different pathway that I can talk about later.

At the George Jones Child Advocacy Centre a child is interviewed and videoed once. At that interview there is a doctor and police; everyone is available so that that child does not have to be re-traumatised. I think that the problem with the child protection system underneath all this is that it can be summarised as a system that re-traumatises children and survivors of abuse; they are likely to end their journey through the system more damaged than when they came into it, and that is a salutary lesson. Co-located services work far better than fragmented services, which we have in Western Australia at the moment.

Another thing we found that I will mention is that a reportable conduct scheme is operating in the eastern states. I will talk a bit about what a reportable conduct scheme is, because it is worth considering in Western Australia. Indeed, I think it would be really welcomed here. It is a scheme in which the oversight of complaints about child sexual abuse in an institutional context is conducted by a body independent of the lead department and all service providers. People do not investigate their own processes; it is an external body. Reportable conduct is —

> (a) any sexual offence, or sexual misconduct, committed against, with or in the presence of a child …
>
> (b) any assault, ill-treatment or neglect of a child, or
>
> (c) any behaviour that causes psychological harm to a child, …

New South Wales is the only state in Australia that has a reportable conduct scheme, and in New South Wales the Ombudsman has the powers to assist agencies in building capacity to respond to complaints and reports of child sexual abuse. The New South Wales Ombudsman scrutinises the systems for preventing reportable conduct by employers of designated government and non-government agencies and public authorities and also the systems for handling and responding to reportable allegations and reportable convictions, including employees. The reportable conduct scheme is an outcome that we found as a committee would be a valuable addition to our Western Australian child protection system. If we could see this government step up and put that kind of scheme in place, it would indeed help.

[Member's time extended.]

Ms L.L. BAKER: Thank you. I know I am a bit early, but I was anticipating it.

One of the things that we were most amazed at in this journey to produce this report, "Everybody's Business", was the discussions and evidence provided by the education jurisdictions in Western Australia. I know that most members are familiar with the way our schools operate and the incredible imposts that we put on them to do more and more work around reading, writing and arithmetic. One of the things that our report refers to is protective behaviours education. Just so that members all know —

> Protective behaviours is curricula designed to teach children the concepts of 'understanding emotions, safety, public and private, personal space, safe and unsafe touches, safe versus unsafe secrets, assertiveness and help seeking behaviour'
>
> The inclusion of protective behaviours in the education curriculum was recommended by the Child Sexual Abuse Taskforce in 1987.

That was by Dr Carmen Lawrence, as a matter of fact, a long time ago. We were amazed to find that we as a state have no way of gauging what protective behaviours are being rolled out in schools and how effective they are. Many people have developed courses and are selling them on the marketplace as protective behaviours training. There is no central process for assessing whether training is effective at helping children do the things that I have described. Further, we found some information that the Department of Education is not in a position to tell us that all its teachers have skills available in accepting a disclosure or in protective behaviours training. There is some capacity as part of the recruitment to insist that a teacher goes through some training about how to accept a disclosure. That absolutely misses the fact that the statistics around abuse vary. Sometimes it is one in four; sometimes it is one in 14, but there is a very high instance of abuse in the community. When we simply ask every teacher to have some training in how to take a disclosure, we are ignoring the fact that it is dynamite, because it is highly probable that a number of those teachers will be dealing with their own instances of abuse and many of them will not have come to terms with them. They will not have recovered from them or even looked at them. To ask that kind of an individual to stand and accept a disclosure from a child can be problematic. It is hardly surprising that the committee received evidence that some teachers will avoid taking a disclosure for any reason. They will run 100 miles. That to us was deeply disturbing and a very major gap.

This is schools. This is children. These are teachers who are there as mandatory reporters. They are the front line in many of these cases along with doctors and the others listed in our mandatory reporting scheme. It is absolutely essential that we look after our teaching employees better and that we have a better understanding of the type of training that is being rolled out in schools. We have recently seen the problems with the, I assume, lack of funding to the working with children checks. That has caused a bit of a debacle and is yet another gap in the child protection system's resilience and coverage. Someone can get a job with a receipt, without a working with children check. Someone can show an employer a receipt and say that they applied for the check, and the statistics show that sometimes it can take four months to get the proper clearance. An employee can take someone and accept them with a receipt, not with a clearance. That is not an acceptable thing for our system to be promoting.

I want to also talk about the Kids Helpline, which relates directly to the child and adolescent mental health service. Two things happened when I saw this private member's motion. Firstly, someone came into my office the other day to talk to me about the very issues of funding cuts in the child and adolescent health service response team, and I will talk about that in more detail in a minute. But the other thing was that I was remembering when our committee talked with the Department for Child Protection and Family Support and the child and adolescent mental health service was mentioned to us during that hearing. I want to restate what was said. The Department for Child Protection and Family Support also raised the issue of there being a scarcity of support programs for the victims of child abuse in Western Australia. It advised us that the demand for services to provide support counselling and therapeutic responses for children and their families affected by child sexual abuse is high and many services are at capacity. Please do not forget those words: they are already at capacity.

The department has a bilateral schedule with the child and adolescent mental health service to support the referral process for children and young people who are experiencing severe emotional, psychological, behavioural, social or mental health problems. This service can be used in supporting child victims of abuse when there is a co-occurring mental health issue. The department advises that it experienced difficulties accessing these services at times for children specifically in care. The committee's seventh finding states —

> According to the Department for Child Protection and Family Support, many services providing support, counselling and therapeutic responses … are at capacity.

Despite the existence of a bilateral schedule with the child and adolescent mental health service, children with severe problems may not be able to be supported under that. The committee wondered why that is the case. The committee understands that if a child in state care requires a publicly provided service that cannot be provided within a reasonable time frame, every effort is made to secure a private practitioner. But then the committee found that a number of specialists in Western Australia refuse to accept referrals relating to children in care. That is simply unacceptable. We need to find out why this is happening and we need to fix it. There are too many gaps. The unmet demand and capacity limitations constitute a critical failure in the system to adequately provide for the victims and survivors of child abuse. We need to move to fix this.

I would like to focus on the child and adolescent mental health service in a bit more detail in relation to the latest movements that have been publicised in various places over the last few days. A constituent of mine came in to talk to me about this issue. This constituent has been an employee at Princess Margaret Hospital for Children for more than 20 years. She works in its acute response team. She has been told—this is anecdotal—that the staff numbers in that acute response team will be reduced from 37 to 13 and that services will virtually be outsourced to the community. She has grave concerns that that will mean no 24 hours a day, seven days a week service will be in operation anymore for children or for people who have children who want some support.

I do not know whether other members know what the acute response team does. It provides specialist child and adolescent mental health information, assessment and support for young people up to the age of 18, and for their families. It is a multi-disciplinary team based at Princess Margaret Hospital consisting of a consultant psychiatrist, senior registered nurses, clinical nurses and senior social workers. They all work 24 hours a day, seven days a week, including public holidays. They provide specialist child and adolescent mental health services. They provide assessments and information, and they provide support to young people under the age of 18, their family, their main caregiver or the support agency that is trying to help them. They provide what they call a mental health triage or a central telephone access point for young people and their families, 24 hours a day, seven days a week. That single role is critical.

I again refer to the committee's report titled "Everybody's Business". The committee found that Kids Helpline is a major point of referral for children in this state. It is actually a Queensland-based organisation. The state has been purchasing telephone services from it. A child can ring a 1800 number and discuss any problems they might be having. The committee found that that is horribly underfunded at the moment. Kids Helpline has the potential to provide a good response, and more of it, but it is limited by the investment that the state is prepared to make in purchasing that service. I will now quote from an article that was published about this. It states —

> An email to staff, obtained by Seven West Media, has confirmed the decision to "realign" the Acute Response Team and Acute Community Intervention Team into community-based services.

The fear is that that central call centre or helpline will fail to be 24 hours a day and that it will not be there for the children, guardians and support people who need it. Mental illness is not nine to five. Mental illness happens every day, any hour of the day, and often outside work hours. It is essential that we have access to these services. This is one thing that we fear will be cut in the outsourcing arrangements. That is again something that this government should be very concerned about.

The acute response team also does assessments in the emergency department at Princess Margaret Hospital for Children and in the community. I have said that virtually anyone who is associated with somebody who needs

support can refer them there. The ART works closely with other agencies that may already be involved with an individual, such as the child and adolescent mental health service, emergency departments within other hospitals, adult mental health services, the Mental Health Emergency Response Line, RuralLink, Crisis Care, Lifeline and Kids Helpline. Of the two services I have talked about, one is underfunded and over capacity—Kids Helpline—and the other one is under threat. The government cannot possibly think it is doing enough to protect children in this state when there are so many gaps in the child protection system. These gaps need immediate attention if we are going to be able to say that what happened in Katanning years ago will not happen again. If we are going to be able to say that thousands and thousands of individual people—let us just say it like it is—survivors of sexual abuse who came to the royal commission to report their cases, their journeys and their trauma along the way and that we are trying to lower that number and protect children better in the future, we certainly cannot have services like the acute response team in WA's child and adolescent mental health service defending itself from attacks to its funding. We simply cannot allow a child protection system to have the gaps that ours currently has.

I am very concerned that this state will see, in the worst possible way, what this ineffective system is allowing to get through the gaps. How many of our children will suffer because the government, and this Parliament, is not prepared to carefully look at the system and make the changes required to ensure the safety of our children?

MS L. METTAM (Vasse) [6.18 pm]: It would appear that the member for Kwinana, unlike most Australians, has fallen victim to Bill Shorten's latest scare campaign that the Liberal federal government will privatise Medicare—a claim that is being ignored by the majority of Australians. Even the newly elected head of the Australian Medical Association, Michael Gannon, has rebuked it. In today's *The Sydney Morning Herald* he said that Bill Shorten and the ALP had over-reached on their claims about privatisation and that, I quote —

> "There is absolutely no evidence at all that the Liberal Party has any desire to privatise Medicare," …

One of the great successes of this Liberal–National government has been its investment in health care, especially in regional WA. The Liberal–National government continues to invest in the provision of healthcare services in regional communities. Since 2008, new major hospitals have been opened in Busselton, Albany, Kalgoorlie and Port Hedland. Planning for the new Karratha hospital is well underway, as are upgrades to Carnarvon and Exmouth. Planning is also beginning for Onslow and Newman. The Southern Inland Health Initiative regional program will also deliver six new and upgraded major healthcare facilities and numerous smaller facilities across the southern region of the state.

This government's commitment to regional Western Australians is to provide the same level of, and access to, health services that are enjoyed by those in the metropolitan area. That has seen my electorate of Vasse become not only one of the most sought-after areas for retirement living, but also, with over 1 000 new residents each year, one of the fastest growing regional centres in not just the state but the country. New residents include young families, retirees, young professionals, students, fly in, fly out workers and migrants. This government has built the new $120.4 million Busselton Health Campus. It is a brand-new campus, not a refurbished one as the member for Kwinana incorrectly stated recently, at a site that is supported by the people of the Vasse electorate, on the Busselton foreshore. It includes a hospital and a range of community-based facilities and services with advanced features and technology normally found in large metropolitan health centres. The campus is an integrated service including hospital, community health, aged care, dental and visiting specialist services. It provides 50 per cent more hospital capacity than the previous Busselton Hospital and includes 84 beds, an expanded emergency services unit, two operating theatres, two birthing suites, a community health centre, community mental health clinic, community-based aged care, renal dialysis service and other features. In the 11 months since its opening, the hospital has been well supported by the local community. We have seen a 10.4 per cent increase in emergency attendances and a 37.6 per cent increase in outpatient appointments.

In addition, this government provided a Busselton hospital redevelopment information and communications package of $10.664 million, funded from the royalties for regions program from 2014–15 to 2016–17. The package will provide for upgrades of the ICT infrastructure and to deploy new and upgraded systems including the patient administration system across the inland sites in the south west region, to be completed by the end of June 2016. This investment will also see the deployment of the new foundation electronic medical record application to both Busselton Hospital and Bunbury Hospital.

It is not just my regional electorate of Vasse that is benefiting from this government's investment in regional health across Western Australia. In Bunbury, the government is building a $4.8 million state-of-the-art pathology centre at the South West Health Campus, which is expected to be completed by 2017. This project has been facilitated by nearly $9 million in joint state and federal funding, which also provides for upgrades to pathology facilities in Collie and Narrogin. When opened, the new centre will more than triple the size of its current footprint, with a floor area of 600 square metres. This is the latest in a series of major infrastructure projects transforming the South West Health Campus in Bunbury into a modern healthcare hub. It also includes one of

the most state-of-the-art oncology services in regional Australia, which was opened in July 2011. It is a $15.2 million facility. It is a great outcome for Bunbury and the south west.

In Esperance, we see the government's $31.3 million health campus redevelopment, a project funded by an $18.8 million investment from the Liberal–National government's royalties for regions program, and $12.5 million from the Department of Health. The new emergency department officially opened in December 2015. The new and expanded ED has tripled its capacity, increasing from four to 12 treatment areas, and two state-of-the-art resuscitation bays, with videoconferencing and telehealth links providing 24/7 access to emergency medical specialists in Kalgoorlie and Perth. When the campus redevelopment is completed in early 2017, it will also have improved surgical capacity, including a new day surgery unit and maternity facilities. The improvement of services coupled with new and innovative technology is bringing quality emergency care close to where people live. The redevelopment means visitors and people from Esperance and surrounds have access to services and amenities that are among the best in regional Western Australia.

The same can be said for the people of Harvey, where construction is underway on the $13 million redevelopment of Harvey Hospital, expected to be completed in 2017. It is another part of the Liberal–National government's $7 billion investment in building, expanding and refurbishing hospitals across WA, and investing in regional health in this state. The service will deliver a new emergency department and procedure room, outpatient facilities and improved community-based health service facilities on the site. It significantly improves the provision of local care in the growing south west town, and is another example of the way Liberal–National policies are transforming health care delivery in regional and remote communities, and making these communities viable.

Another great provision has been the establishment of the Southern Inland Health Initiative, funded through the Liberal–National government's royalties for regions program. Thanks to this initiative, the number of doctors staying in smaller regional towns for longer than four years across the southern catchment has increased from 35 per cent in 2008 to 67 per cent in 2015. Since SIHI began, there has been a 37 per cent increase in the number of country general practitioners, with 133 now stationed in these districts.

Investment in health is fundamental to the ongoing viability of regional Western Australia, and this Liberal–National government, not the Labor Party, continues to address the gaps in health care to ensure that WA's regional areas continue to be desirable places to live, work and invest.

MR J. NORBERGER (Joondalup — Parliamentary Secretary) [6.29 pm]: I rise to speak to the motion before the house. It is interesting to note, and I think it would be hard to argue any other way, that there was not much conviction behind the delivery of this motion from members opposite.

Mrs L.M. Harvey: They're not even here, member.

Mr J. NORBERGER: No, the member for Vasse has scared them off. The reality is that we are a week and a half away from a federal election and when Bill Shorten made his trip to Perth just recently, it was reported that he was fighting for every vote. No doubt, Bill enlisted the help of WA Labor and said, "We've got to keep this scare campaign going. We've even got the AMA calling our bluff now. What else can you guys do? Come on, help us out WA Labor." WA Labor said, "Okay, we'll dedicate our private members' time to a ridiculous motion." Any opportunity to talk about the fantastic health system that we have, particularly in the northern suburbs, is always welcome. I was always intending to use this opportunity to speak about Joondalup Health Campus. I was equally bemused by the speech given by the member for Mirrabooka. The speech itself made me think that perhaps preselection season had not been finalised by the Labor Party yet, because that seemed like a preselection speech if ever I have heard one. It would have made the left wing faction of the Labor Party very proud. It was vitriolic; anything that is privatised is evil. We heard the statement—in fairness, it may have been the member for Warnbro or the member for Mirrabooka interjecting; I am not quite sure which of the two—that the public hate privatised services. I am going to come back to that in a minute, especially when we talk about Joondalup.

The member for Mirrabooka said that whatever we do, we need to make sure that the health services we provide are affordable, equitable, effective and efficient. I could not agree more. Again, let me come to Joondalup in a minute. The question that was raised by the member for Mirrabooka was: does a fee-for-service approach result in good public health services? It was like setting up dorothy dixers for me. Let us have a look at Joondalup Health Campus. We know that model operates under a public–private partnership. In fact, we just recently celebrated 20 years of that arrangement in Joondalup. I think it might be worth briefly highlighting to members a bit of the history of that. The public–private partnership at Joondalup Health Campus was initiated in 1996 and that move saw the transformation of what was the 84-bed Wanneroo Hospital at that time becoming a 335-bed hospital.

Point of Order

Mr V.A. CATANIA: I draw your attention to the fact that the member for Bassendean should clearly know the rules about not hanging over the edge of the rail of the public gallery. If he could be removed, it would be greatly appreciated.

The DEPUTY SPEAKER: Thank you, member for North West Central. Member for Bassendean, can you step back from the rail, thank you.

[Interruption from the gallery.]

The DEPUTY SPEAKER: I will not engage in conversation with the gallery. Will you step back and we will go back to the member for Joondalup.

Debate Resumed

Mr J. NORBERGER: The member for Bassendean is welcome to come into the chamber. I am not quite sure why he is scared. He does not need the protection of the public gallery. Come on down; let us talk about the Joondalup Health Campus. Over the years we have seen that public–private partnerships continue to be supported by, obviously, the Liberal government, and we certainly continue to support it, but even under the Gallop and Carpenter Labor governments that arrangement was supported.

The DEPUTY SPEAKER: Member for Bassendean, are you testing my chairmanship of this house? I asked you to step back from the rail. Thank you.

Mr J. NORBERGER: He is slowly progressing around his side of the house!

The DEPUTY SPEAKER: Member for Joondalup.

Mr J. NORBERGER: More recently we have seen further redevelopment work finalised at Joondalup Health Campus. In fact, in mid-2015 we saw the completion of what was at that stage a $215 million expansion that saw the number of public beds go from 282 to 498. We saw a new and expanded standalone emergency department, an additional 120 acute medical and surgical beds, an additional 15 rehabilitation beds, 10 palliative care beds, expanded renal dialysis services, expanded chemotherapy services, an additional five theatres and improved clinical and non-clinical support services and facilities. It is without a doubt a fantastic sub-tertiary hospital. Until recently, before the commissioning of Fiona Stanley Hospital, the Joondalup Health Campus emergency department was the busiest emergency department in Australia. Even now, although it is no longer the busiest, it is still one of the busiest and comes in at just under 100 000 presentations a year. Obviously, Ramsay Health Care at the moment provides the outstanding services we have come to now expect at Joondalup Health Campus under the public–private partnership.

Just recently members including the member for Ocean Reef and other members for the northern areas were there for the opening of the Telethon children's ward, an outstanding addition to our hospital in the northern suburbs. This was a $12.1 million investment and it saw the commissioning of a 37-bed children's ward. That is a significant increase to the previous paediatric unit that was there. Interestingly, when we talk about some of the benefits of partnering with the private sector, this is a perfect example. This development was co-funded by three parties. The state government, Telethon and Ramsay Health Care all put money in together on the development that now sees this outstanding children's ward providing services to the communities in the north.

Mr A.P. Jacob: In fact, Telethon was the main one.

Mr J. NORBERGER: Indeed. I think Telethon contributed about $6 million, the state about $3.1 million, and I think Ramsay contributed $3 million. In the recent budget a further commitment was made to invest $7.1 million, which again is co-funded. Ramsay Health Care is providing $2 million and $5.1 million is coming from the state government. That will see the construction of a mental health observation area as an addition to the current emergency department. It will be only the second one in the state; the first one opened at Charlie Gairdner's, and Joondalup will now be the recipient of the second one. We have seen ongoing investment in this hospital. It is a fantastic hospital.

The Labor Party has previously admitted, if you like, that privatising services, be they health services or whatnot, saves money. We heard the member for Dawesville speak to that as well. I turn to Labor Party's own policy document. I raised this in November last year, I raise it again now and I will raise it again in the future. In its policy document the Labor Party has a clear position, which was also articulated wonderfully by the member for Mirrabooka, that has a strong aversion to any kind of privatised services. The 2015 policy document from WA Labor quite clearly addressed its policy position towards privatisation of health services should it be elected. Paragraph 75 states the following —

> WA Labor opposes the privatisation of existing hospitals and their services.

Paragraph 76 states —

> WA Labor will not extend any contracts for privatised hospitals or services.

Paragraph 77 states —

> WA Labor will negotiate early termination of these contracts and return these hospitals and services to public ownership as soon as possible.

The irony is that a couple of weeks ago when Ramsay Health Care celebrated the twentieth anniversary of the public–private partnership, that position did not prevent the member for Kwinana, Hon Ken Travers, Hon Eric Ripper and a few other Labor members from showing up. Nothing was going to stop them from having a bit of a free meal, a free drink and a bit of a dance on the dance floor, even though, should they be elected in March next year, they will be willing to throw potentially hundreds of millions of dollars of taxpayers' money out the window negotiating early termination clauses for any privatised health services. Even if Labor chooses not to do the early termination, even if it allows the contracts to go through to completion, it is basically saying on the record to those organisations, "We don't like what you are doing, you're evil and we will not renew your contract." We have to then ask what Joondalup Health Campus has done so wrong to raise the anger of the WA Labor Party.

Mr A. Krsticevic: No union dues.

Mr J. NORBERGER: Clearly. We know those organisations are saving the state money; we know they are providing very efficient health services.

Mr A.P. Jacob: It's also the happiest hospital in the state.

Mr J. NORBERGER: I have got it right here, member, thank you.

Mr A.P. Jacob: Sorry to interrupt.

Mr J. NORBERGER: No; we think alike up in the north!

Before I get to the morale, maybe the standard of service that Joondalup Health Campus is providing is substandard. Maybe that is what it is. Maybe it is saving us money, but at a substandard level. We know that all hospitals, and rightfully so, are measured by key performance indicators. That is what we would expect. These are sensible KPIs around infection rates, readmission rates, falls or medication errors. These are the sorts of things we would want to measure a hospital on. In November last year, I raised the KPIs but it is worth revisiting them. Let us look at how Joondalup Health Campus performs. In the area of patient falls, Joondalup Health Campus performs twice as good as the public peer rate. In other words, when it is compared with the other public hospitals, Joondalup Health Campus does two times better on patient falls. Maybe that was a one-off. Maybe that is the only thing it is good at. I do not know, so let us have a look at the unplanned returns to theatre, which is a pretty significant event; a person has had an operation and clearly something did not go right so they have to go back into hospital. Joondalup campus performed two times better—not bad, double is good. In relation to unplanned readmission to hospital—they have let a patient go home and they have got sick again and have to go back in—Joondalup performs 11 times better than the public peer aggregate rate. Medication safety errors is quite a serious one. We know that the wrong medication can lead to some serious consequences, and in this regard Joondalup performs four times better. In relation to patients developing pressure injuries, an indication of substandard care, it performs three times better. Let us recap. We know that the campus is saving us money; we know that the previous Labor governments under Gallop and Carpenter saw the value of what was initiated by the Court government and continued to support the private–public partnership; we know that the KPIs speak for themselves, they are publicly available and doing fantastically well —

Mr A.P. Jacob: It there a single KPI rate on morale?

Mr J. NORBERGER: I do not believe so; not that I came across, but obviously these do get updated. The member for Ocean Reef, a proud supporter of Joondalup Health Campus, rightly pointed out that even in *The Sunday Times* just gone, a couple of days past, they had a bit of an article about the surveys of doctors at the various hospitals and their morale ratings. It clearly showed that Joondalup Health Campus has one of the highest morale scores it is possible to get. In fact, it scored 97 per cent for staff morale and an A-plus. The staff love working at Joondalup Health Campus, the services provided are clearly superior to the public peer aggregate, and it is saving us money. But let us cancel it! Let us throw taxpayers' money out the window —

Dr M.D. Nahan: Why would they do that?

Mr J. NORBERGER: Because they are loony—the loony left. I will come back to one other thing that we need to look at; that is that either the member for Warnbro or the member for Mirrabooka—I cannot remember which of the two—basically indicated that the public hates privatised services. That is possibly why they choose to bring Joondalup Health Campus back under the public realm. Even though it is saving money, performing really well and the staff love working there, possibly the opposition is doing it because the public hate it so much. That does not hold up either. Like I mentioned before, I raised this during a matter of public interest. I believe I had three minutes and 20 seconds to make my case. I raised the matter ever so briefly in November last year. I posted my three-minute spiel on You Tube and linked it to my Facebook page. I will quote from my Facebook page, and anyone is welcome to check it out if they do not believe what I will read out. These are some of the comments that people posted on my Facebook page about my little three-minute speech arguing why on earth would the Labor Party close down the relationship with Ramsay Health at Joondalup Health Campus. These are some of the responses —

> Wow! Very interesting Jan! Thank you very much for being so passionate about Joondalup. As an employee at JHC and a resident of Joondalup I can see from the inside what a great facility and service the people of the northern suburbs have in JHC!

I will go on. Brendan Carey said —

> I went to the Joondalup health campus once to get my appendix removed, one of the best hospitals I've seen. Very modern facilities, well organised staffing and even had a free TV and my own room during my recovery. I didn't even have private hospital cover either and I didn't have to pay a cent for my visit. Very lucky to have gone there.

Just to be clear, these are not my staff or family members—just putting that out there. Another comment states —

> Yep .. Thank you Jan, well said .. I have been several times in Joondalup as a patient, and twice in an emergency!! Best hospital I have ever been too, better treatment in public even then I had In a private hospital!! Staff are just wonderful and caring!! Keep up your passion for us the people in Joondalup!!!
>
> And yea, they interrupt you to cut into your time???

Never mind, we will forget that last bit. Another one states —

> Well done Jan Norberger. We need more like you with an intelligent attitude and drive—

I tend to agree very much with that one. I am pretty sure I replied —

> We are grateful for your passion and patience …

Dr G.G. Jacobs: Where are you going with this?

Mr J. NORBERGER: Well, you know, no-one else compliments you. You have to compliment yourself to get it onto the public record. Here we go —

> Well done Jan! A well run JHC is integral to the future of not only Joondalup but Perth's greater northern metro region.

I fully agree. Here is another —

> Thank you Jan for your passion … My daughter is a newly qualified nurse at the Hospital and I am soon to be a patient there. I have friends and family members that have been to JHC for emergencies and otherwise and they have always been treated with the care and respect they deserve. Well done you for your passion and support.

It goes on and on.

Mr A. Krsticevic: Keep talking.

Mr J. NORBERGER: No, that is fine. Members are welcome to follow me on Facebook and have a look for themselves. The comments were posted on 18 November last year. The Labor Party's arguments do not stack up. They have all run off. They have left the member for Gosnells behind as a rear guard.

Mr C.J. Tallentire: I am waiting for you to stop rabbiting on.

Mr J. NORBERGER: As the only representative in the chamber, I welcome the member to respond and explain why the Labor Party's policy is that a hospital in Joondalup that is saving the state money, is performing fantastically and outstandingly well against the peer aggregate against which hospitals are measured, the staff love it, they have given it an A-plus, and it has a 97 per cent morale satisfaction rating —

Dr M.D. Nahan: Was the member's predecessor in the Labor government, Mr O'Gorman, a supporter of Joondalup Hospital Campus?

Mr J. NORBERGER: He was indeed. In fact, the former member for Joondalup, Mr O'Gorman, was at the twentieth anniversary as well. Quite a few Labor people were at the twentieth anniversary, a big beautiful gala ball celebrating twenty years of public–private partnership at Joondalup. They enjoyed the food and a dance, but if they are let into government they will terminate that agreement. Why? Are we getting too good a service? Are they not happy? Maybe the people of Joondalup do not deserve such an outstanding health service.

Dr M.D. Nahan: I think that is it.

Mr J. NORBERGER: Is that why there are not that many Labor members in the northern suburbs? That could be one of the reasons. The Liberal Party believes that the community members of the northern suburbs deserve outstanding health services, and they are getting it as we speak.

Mr A. Krsticevic: And outstanding representation as well.

Mr J. NORBERGER: I agree. I do not understand for one moment why on earth the Labor Party, to its credit and honesty, put it in its policy document in black and white and basically said, "If you let us into power, we will not bring you the public–private partnership at Joondalup. In fact, we are going to investigate options to terminate it early." How much would that cost?

[Member's time extended.]

Mr J. NORBERGER: The other question is what would happen to the staff. If the Labor Party came into government and threw hundreds of millions of dollars out the window by terminating privatised health services around the state, including at Ramsay Health Care, and good luck explaining to the people of Joondalup what the hospital did wrong to deserve it, I assume that all the staff currently employed by Ramsay Health Care would need to have their employment terminated. Why? They are happy and the public is happy.

Point of Order

Mr C.J. TALLENTIRE: The member has gone on at great length about the privatisation of Joondalup Health Campus. The reality is that that is not what the motion is about. It is about the Medicare service, and the member is not addressing that issue. He is giving himself lots of self-congratulation, which is not relevant.

The DEPUTY SPEAKER: Please address the motion, member for Joondalup.

Debate Resumed

Mr J. NORBERGER: The member for Gosnells is welcome to give me compliments too, if he likes. It does not need to come from just my constituents. He does not need to feel left out; he will get the opportunity shortly. Finishing off on that thought: if these staff positions are terminated, what will happen to them? It may well be the case that they get re-employed by the Department of Health, but what if they got told they would not get a job at Joondalup hospital and they will have to work at Fiona Stanley Hospital or somewhere else? A lot of the people who work at Joondalup Health Campus live in the area and they are passionate about the hospital they work for. They love working there. The community is ever so grateful for the hospital and the way that Ramsay Health Care provides its services. The public likes it, the staff like it, the Treasurer likes it; the only people who do not support Joondalup Health Campus in its current configuration are members of the Western Australia Labor Party.

I will finish with this. The Joondalup Health Campus is a model that is viewed throughout Australia by other hospitals as an example of a public–private partnership done well. It constantly receives visiting delegations from other hospitals who are there to look at the model as it is operated at Joondalup by Ramsay Health Care, and it is used as a benchmark of something that is done well. Why on earth would we cancel that? Why would we do that to the people of Joondalup? Members opposite do not support the northern suburbs. They do not want quality healthcare at Joondalup, because we are clearly doing too good a job. We are being punished for providing too-good access to health services at an affordable price. As I said, I raised this in November, I raise it now, and I will raise it again in the future, but I believe it is important that the communities of the northern suburbs, whether they are in the electorate of Joondalup, Ocean Reef, Kingsley or wherever else they may live, understand the true risk and danger of a potential state Labor government and what that will mean for their health services. The Labor Party clearly states in its own policy document, "Let us in and we will not renew any privatised health services. In fact, we will investigate options for an early termination." Anyone who does not believe me need only go to the WA Labor website and check it out; it is there in black and white. Really, the shame is on the WA Labor Party. We will continue to fight for the hospital that we so dearly love and for an arrangement that has seen not only a cost-effective solution for the state, but also extremely good quality health

services being delivered to the people of the northern suburbs. The community supports it; the staff support it. There is no reason why anyone would want to cancel the current arrangement with Ramsay Health Care providing this service in Joondalup.

MR C.J. TALLENTIRE (Gosnells) [6.52 pm]: I rise to address this motion, which calls on this house to confirm its support for free, accessible and universal healthcare. The idea of free, accessible and universal healthcare is part of a political philosophy that the Western Australian Labor Party and the Australian Labor Party fully support. Indeed, we are the instigators of Medicare. If we look around the world, we can see that wherever there are progressive parties in power, there is universal access to free, affordable health care.

I find it very interesting that at the moment in the United Kingdom there is a debate about the future of the United Kingdom in the European Union. I have seen some of the adverts that have been used in that campaign by those who want to see the United Kingdom move out of the European Union. One of their major adverts talks about the amount of money that the UK contributes to the EU on a weekly basis. The advert runs, "Instead of giving £350 million a week to the EU, we should spend that on the National Health Service". It is very interesting; when the NHS was first introduced, it came under a lot of criticism from some—similar to the sort of criticism levelled at our Medicare service in its early days. But now, even the Little Englander fruitloop types and closet racists who want to see the UK out of the European Union are saying that the £350 million that the UK contributes to the EU per week should be spent on the NHS. It is very interesting that we are now seeing this approbation; now the conservatives in Australia are saying that they, of course, are the champions of our Medicare system. It is very strange that they are not owning up to the fact that, in the past, they were critics and opponents of the free, accessible and universal healthcare system. Now they want to be the champions of it. They say that they have no intention at all of undermining the system and that things such as the introduction of GP co-payments are just aberrations and are not really issues or ideas that the Liberal Party is serious about continuing with; they are just ideas to get people thinking. The truth is that, if given half a chance, the conservative forces in Australian politics would seek to privatise the health system. We heard members opposite go on at length about how positive and wonderful they think a privatised health system is.

I served on the Public Accounts Committee when it did an intensive investigation into the pros and cons of privatising services at Fiona Stanley Hospital. The $4 billion contract for the provision of about 21 different services at the $2 billion Fiona Stanley Hospital is now the job of Serco. That contract has a duration of about 20 years. The argument by the conservatives was that that was a better way to go. However, when we did the public sector cost comparator on the issue, we found that providing those services in-house was a better and far more cost-effective way to go. Some members opposite have referred to happiness indicators in certain hospitals, but it is quite misleading of them to use that as an indication of the value for money that we get from providing a service through a private means. Often it is a more expensive service when it is privatised. Of course, it is very handy if the profit is made by people who happen to back a certain political party, and I suspect that that is the case.

The ultimate end point of a privatised health service would be similar to that in the United States. I do not think anyone in Australia wants an American-style health system. We have seen from afar how difficult it has been for the United States to advance some form of public health system. The major achievement of the eight years of President Obama in the White House will be ObamaCare. I think many would argue that that should go further, but it has been a major achievement. It seems to be entrenched in the minds of conservatives that access to health services should be connected to someone's personal wealth or their credit card rather than their Medicare card. That is not the case with Labor. We fully uphold the need and the right of all Australians to have access to a good-quality public health system that they can rely upon, trust and go to whenever they have the need. That is something that we are committed to, and I think all Australians understand that. That is why, when the federal Leader of the Opposition talks about the manner in which the Turnbull government is devising means to wind back Medicare in some way, it has a great resonance in the Australian community. People can see that that would be the logical consequence of a political philosophy that is all about privatisation. It was interesting that, although members opposite did not address the topic, they did go on at length about the use of public–private partnerships.

I want to just touch on the Closing the Gap payments. This is a great strength of our public health system. At the moment, nurse practitioners working in pharmacies are able to fill prescriptions for people, especially Aboriginal people, but, unfortunately, those prescriptions currently have to be signed by someone working in the hospital. I think there is a strong argument to say that, in the future, nurse practitioners working in pharmacies should be able to fill a prescription and write on it "CTG"—close the gap—so that the commonwealth, rather than the state, can be billed for the medication for the person with the ailment. At the moment, it is done through the state because it is all part of the hospital system.

Debate adjourned, pursuant to standing orders.

House adjourned at 7.00 pm